

85-0769

27 FEB 1985

MEMORANDUM FOR: Director of Finance

VIA: Deputy Director for Administration  
ComptrollerFROM: Henry P. Mahoney  
Director of Logistics

DD/A REGISTRY

FILE: 45-1

SUBJECT: Transmittal of Second Quarter FY 1985  
Standard Level User Charge Billing [ ]

1. The General Services Administration (GSA) has submitted the Agency's second quarter FY 1985 Standard Level User Charge (SLUC) billing in the amount of [ ] (Attachment A). A detailed and bulky breakdown of space assignments and costs, which accompanied the billing, is being held in Budget & Fiscal Branch, Office of Logistics, pending approvals. [ ]

2. SLUC billings need adjustment, because they do not account for all changes which occurred during the billing period. Changes include the termination and acquisition of space and the Agency's assumption of maintenance and operation responsibilities. The Office of Logistics has made the appropriate adjustments (see Attachment B) for the above, and the revised SLUC payment to GSA for the second quarter FY 1985 is [ ]

3. Included in the [ ] payment is [ ] for the cost of space occupied by the Intelligence Community Staff. We have been advised by the Office of the Comptroller that this [ ] cost is to be charged to Obligation Reference Number [ ] Cost Center Number [ ]

4. It is recommended that the Agency pay the adjusted second quarter FY 1985 SLUC bill of [ ]. Included is a summary of the SLUC account (Attachment C). [ ]

Henry P. Mahoney

Attachments:  
A-C

WARNING NOTICE  
INTELLIGENCE SOURCES  
OR METHODS INVOLVED

OL 13120-85



S E C R E T

25X1 SUBJECT: Transmittal of Second Quarter FY 1985  
Standard Level User Charge Billing

APPROVED:

25X1 *for*   
Comptroller

4 MAR 1985

Date

25X1   
Deputy Director for Administration

5 MAR 1985

Date

25X1 OL/RECD/REB/  (20 Feb 85) (26 Feb 85)

Distribution:

- Orig - Addressee (w/atts) Return to OL/RECD (Official)
- 2 - DDA (one w/atts)
- 1 - Compt (w/atts)
- 1 - OL/B&F (w/atts)
- 1 - D/L Chrono (w/o atts)
- 1 - OL Files (w/atts)
- 1 - OL/RECD/REB Chrono (w/atts)

S E C R E T

GSA Form 789 (Rev. 10-73)

## STATEMENT, VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

DEPOSIT TO THE CREDIT OF ACCOUNTS SHOWN AND SEND ACCOMPLISHED C/D TO

BUREAU VOUCHER NO. (Paying Office)

XXXXXX

GSA, JOC FINANCE DIVISION  
519 TAYLOR STREET FORT WORTH, TEXAS 76102

AGENCY LOCATION CODE 47-00-0017  
ACCOUNT SYMBOL TO CREDIT 47F3875(007) 192X 07

Send Remittance Payable to The General Services Administration accompanied by one copy of this GSA Form 789, to the office indicated above. Adjustments are not to be requested or made for over or under charges of \$10.00 or less per Line Item PMR - A - 101-2.104 (c).

OFFICE BILLED (Include ZIP Code)  
NO FOUR FOUND

DATE			PAGE NO.	STATEMENT NUMBER
MO.	DAY	YR.		
1	1	51	48	50010302

\$5600

AGENCY BILLED OFFICE

PAYMENT OR INQUIRY SHOULD REFER TO THE ABOVE DATE, STATEMENT NUMBER, AGENCY, AND BILLED OFFICE CODES FOR PROMPT HANDLING.

STAT

AGENCY REQUISITION NUMBER	ACT.	GSA INVOICE OR DOC. NO.	INV. DATE		AMOUNT	REMARKS
			MO.	DAY		
STANDARD LEVEL USER CHARGES 2ND QUARTER FY85 BASED ON DATA AS OF 12/15/84					\$	
CHARGE AND CREDIT WILL BE REPORTED IN STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD -----						
BILL AGENCY CONTACT: PREPARED BY ACCOUNTS RECEIVABLE BRANCH TELEPHONE NO. 817-334-2745						
PAYING OFFICE CONTACT: PROCESSED BY ----- TELEPHONE NO. -----						

STATEMENT DUE THIS STATEMENT (The total amount due on this statement must be paid as rendered in accordance with 7 GAO 2, 8.5 and FPMR Title 41 Chap. 101. Adjustments if required will appear on subsequent statements.)

LAST PAGE

(DISBURSING OFFICE AND SYMBOL-PAYING OFFICE)	BUREAU REFERENCE	APPROPRIATION OR FUND (Symbol Only)	AMOUNT
DRAW FROM: DEPARTMENT _____ REAU _____ RESS _____			
CERTIFICATE OF PAYING OFFICE Certify that the items listed herein are correct and proper for payment in the appropriation(s) designated.	FOR USE OF PAYING OFFICE		
(DATE) _____ (AUTHORIZED CERTIFYING OFFICER) _____			

BY:

CK NO. \_\_\_\_\_ DATED \_\_\_\_\_

C/D NO. \_\_\_\_\_ DATED \_\_\_\_\_

105

END OF DOCUMENT

## FOR STANDARD LEVEL USER

## CHARGE TRANSACTION

(For use by Non-SIBAC agencies only.  
This form is completed in duplicate by  
a GSA customer agency whenever it  
declines to pay its Federal Buildings  
Fund SLUC bill.)

3. STATEMENT NUMBER

A850010302

4. DATE OF BILLING

1 January 85

5. TOTAL AMOUNT OF BILL (As shown on GSA Form 789)

TO

General Services Administration (7BC)

819 Taylor Street

Fort Worth, TX 76102

All of the data to be  
filled in above may  
be found in the detailed  
portion of the customer's  
SLUC bill.

ATTACHMENT

## 6. ADJUSTMENTS BY BUILDING AND ASSIGNMENT

(City code should be as shown in Worldwide Geographical  
Location Codes. Quality rating is of the space for which  
adjustment is requested.)

FY  
QUARTER  
OF  
BILLING  
(a)

AMOUNT FOR THE ASSIGNMENT  
IN WHICH THE BILL IS IN QUESTION

TOTAL  
(b)

AMOUNT NOT  
BEING PAID  
(c)

(1) AGENCY/BUREAU  
CODE 5600 (2) CITY McLean (3) CITY CODE (4) STATE VA

(5) GSA REGION  
NUMBER 11 (6) BUILDING NUMBER VA0089BF, VA0096BF, VA1595BF

(8) EXPLANATION Mutual agreement on SLUC charges  
for Headquarters Facility for second  
quarter FY 1985

(1) AGENCY/BUREAU  
CODE 5600 (2) CITY Washington (3) CITY CODE DC (4) STATE

(5) GSA REGION  
NUMBER 11 (6) BUILDING NUMBER DC0650AE (7) QUALITY RATING

(8) EXPLANATION Adjustment to second quarter  
SLUC for operation and maintenance of

(1) AGENCY/BUREAU  
CODE (2) CITY (3) CITY CODE (4) STATE

(5) GSA REGION  
NUMBER (6) BUILDING NUMBER (7) QUALITY RATING

(8) EXPLANATION

7. ADDITIONAL EXPLANATION/REMARKS (If any)

8. TOTAL AMOUNT  
OF NONPAYMENT9. TOTAL BILL AFTER  
NONPAYMENT10. CERTIFYING  
OFFICIAL

a. SIGNATURE

b. DATE

c. TYPED NAME AND TITLE

d. TELEPHONE NUMBER  
(include ZIP code)

GENERAL SERVICES ADMINISTRATION

GSA FORM 2992 (REV. 2-75)

**AGENCY REQUEST FOR ADJUSTMENT TO FPM SLUC BILLING**  
(See Instructions on reverse. Submit in duplicate)

OFFICE USE ONLY  
CONTROL NUMBER

**SECTION I - TO BE COMPLETED BY THE CUSTOMER AGENCY**

<b>A. GENERAL INFORMATION</b>	1. AGENCY NAME Executive Office of the President.		2. BUREAU NAME		
	3. GSA 4-DIGIT CODE 5600	4. SIBAC 8-DIGIT SYMBOL NON-SIBAC	5. REGION 11	CITY Washington, DC	STATE
	6. BUILDING NUMBER DC0650AE	QUALITY RATING	7. QUARTER OF BILLING 2nd Qtr. 1985	BILL NUMBER A850010302	TOTAL OF ASSIGN. B. *See Below
	8. CHECK APPROPRIATE BOX(ES)				
<b>B. TYPE OF ADJUSTMENT REQUESTED</b>	<input type="checkbox"/> QUALITY RATING		<input type="checkbox"/> ASSIGNED SPACE IN SQUARE FEET		<input type="checkbox"/> AGENCY/BUREAU NAME AND/OR GSA 4-DIGIT CODE
	<input type="checkbox"/> BUILDING NUMBER		<input type="checkbox"/> STANDARD METROPOLITAN STATISTICAL AREA (SMSA)		<input type="checkbox"/> SIBAC 8-DIGIT STATION SYMBOL
	<input type="checkbox"/> SLUC RATE		<input type="checkbox"/> REGION NUMBER		<input type="checkbox"/> BUILDING NAME AND/OR ADDRESS
	<input type="checkbox"/> ASSIGNED SPACE CLASSIFICATION		<input type="checkbox"/> CITY AND/OR STATE		<input checked="" type="checkbox"/> OTHER (Specify)

**EXPLANATION**

The Agency is taking a nonpayment of 60 per cent of the full SLUC rate which is based on the previous deductions allowed by GSA for the operation and maintenance of the building by the occupant.

Full SLUC  
SLUC Due  
Allow nonpayment



CUSTOMER AGENCY CONTACT (Typed name)		CUSTOMER AGENCY'S NAME AND ADDRESS
CUSTOMER AGENCY CONTACT (Signature)		
TELEPHONE NUMBER	DATE	

**SECTION II - TO BE COMPLETED BY GSA REGIONAL OFFICE AND RETURNED TO ABOVE ADDRESS**

<input type="checkbox"/>	1. THE ABOVE MENTIONED ADJUSTMENT ACTIONS HAVE BEEN REVIEWED AND THE FOLLOWING ACTIONS HAVE BEEN TAKEN: (Include effective date of adjustment)
<input type="checkbox"/>	2. THE ABOVE MENTIONED ADJUSTMENT ACTIONS HAVE BEEN REVIEWED AND NO ACTION WILL BE TAKEN FOR THE FOLLOWING REAS:
<input type="checkbox"/>	3. OTHER ACTIONS TAKEN:

CERTIFYING OFFICIAL (Typed name)		TITLE (Typed)	
CERTIFYING OFFICIAL (Signature)		TELEPHONE NUMBER	DATE

GENERAL SERVICES ADMINISTRATION

GSA FORM 2972

**BOAC AGENCY NONPAYMENT  
VERIFICATION FOR SLUC TRANSACTION***(For use by the Office of Program Support, PBS to  
verify the validity of nonpayment of an FBF SLUC  
billing by a BOAC agency)*

ORIGINATED BY

PFFM

**GENERAL SERVICES ADMINISTRATION (PFB)  
WASHINGTON, DC 20405**

Atten: Byron Williams

**SECTION I - TO BE COMPLETED BY PFB - CENTRAL OFFICE**

1. DATE

January 18, 1985

2. BC-7 CONTROL NUMBER

N/A

**ASSIGNMENT INFORMATION - TO BE VERIFIED BY GSA REGIONAL SPACE MANAGEMENT DIVISION**

3. AGENCY/BUREAU NAME

EOP

4. BOAC CODE

S 5600

5. GSA 4-DIGIT CODE

5600

6a. BUILDING NO.

6b. ADDRESS

6c. CITY AND STATE

6d. GSA REGION NO.

-- BF

McLean

McLean, VA

11

7a. QTR. OF BILLING

7b. BILL NO.

7c. ADJUSTMENT REQUESTED BY AGENCY

STAT 2085

A850010302

8. EXPLANATION OF ADJUSTMENT REQUESTED

Reduction due to a mutually agreed upon annual delegation allowance for the facility in FY 1985 of \$10,485,455. Quarterly amount shown in 7C. Buildings VA0089BF, VA0096BF, VA1595BF.

9. APPROVED BY

Byron Williams

10. DATE

1/18/85

11. SIGNATURE

Byron Williams

12. CENTRAL OFFICE CONTACT

PFFM

13. TELEPHONE NUMBER

566-1854

**SECTION II - TO BE COMPLETED BY GSA REGION AND RETURNED TO PFB**14. ☐ ACTION TAKEN BY REGIONAL OFFICE (Explain)15. ☐ NO ACTION TAKEN BY REGIONAL OFFICE (Explain)

16. APPROVED BY

17. DATE

18. SIGNATURE

19. REGIONAL CONTACT

20. TELEPHONE NUMBER

**SECTION III - TO BE COMPLETED BY PFB AND RETURNED TO BC-7**

21. PFB RESPONSE TO BC-7

BC-7: Allow nonpayment of \$2,585,455

22. CERTIFYING OFFICIAL

Hap Perkins

24. SIGNATURE

23. TITLE

Acting Branch Chief  
Fed. BGS. Fund Mgt. Br.

25. TELEPHONE NUMBER

566-1954

26. DATE

1/18/85

GENERAL SERVICES ADMINISTRATION

GSA FORM 2992-A (REV. 5-82)

**Page Denied**